

IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

LICENSEE: FORT BEND COUNTY

LICENSOR: CASEWORTHY, INC.

Robert E. Hebert, County Judge

Scott T. Argeris, President

Date

Date

ATTEST:

Laura Richard, County Clerk

Reviewed by:

Anna Gonzales
Director Fort Bend County Social Services

Reviewed by:

Ray Webb
Director Fort Bend County Information Technologies

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$_____ to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Edward Sturdivant, County Auditor

ATTACHMENT A

*(Application Services Agreement Executed 02/04/2014)-
Original on File with FBC County Clerk*

ATTACHMENT B



Initials_____

EXHIBIT B: Statement of Work (SOW) for Amendment Four- FORT BEND COUNTY SOCIAL SERVICES- TOTAL 16 USERS

STATEMENT OF WORK

0/18/2017

Fort Bend County Department of Social Services
4520 Reading Road, Suite 900-A
Rosenberg, TX 77471

Introduction

This Scope of Work sets the price for Years Four, Five and Six of the existing Agreement between Fort Bend County and Caseworthy, Inc. In addition, the Amendment adds 3 additional users for a total of 16 total users allocated to FBC Social Services Department.

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PREAMBLE

This Statement of Work accompanies an existing Agreement that has been executed by the parties. All statements of fact contained in this Statement of Work are subject to the terms and conditions set forth in such Agreement. The terms and conditions set forth in the Agreement control in the event of any inconsistency between such terms and conditions and the matters set forth in this Statement of Work.

2.0 Price and Payment (with 4% annual increases)

February 1, 2017 – February 1, 2020 Annual Contract period

2017/18 Annual Maintenance and user License	\$10,267.92
Additional three users	<u>\$ 1,530.00</u>
Total Due February 1 2017	\$11,797.92
2018/19 Annual Maintenance and user License	\$12,269.83
16 users/annually	



Initials_____

2019/20 Annual Maintenance and user License 16 users annually allocated to Social Services	\$12,760.62
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3.0 Invoices

Services will be invoiced according to the following payment schedule:

	<u>Amount Due</u>
1. Initial payment in full February 1, 2017	\$11,797.92

4.0 Payment

Payment is due thirty (30) days after receipt of invoice by Licensee. Licensee may withhold payment in accordance with Section 3 of the Agreement. Licensor reserves the right to cease work without prejudice if amounts are not paid when due. Any late payment will be subject to any costs of collection (including reasonable legal fees) and will bear interest at the rate of one (1) percent per month or fraction thereof until paid.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
 2017-167929

Date Filed:
 02/16/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

CaseWorthy, Inc
 Salt Lake City, UT United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

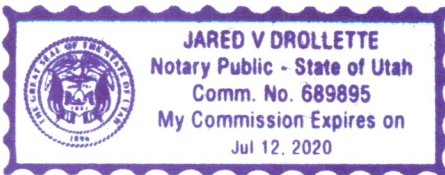
23339
 Application Services Agreement Social Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]

 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Scott T. Argeris, this the 17th day of Feb, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]

 Signature of officer administering oath

Jared V. Drollette

 Printed name of officer administering oath

Notary Public

 Title of officer administering oath